



PAN AMERICAN HEALTH ORGANIZATION

WORLD HEALTH ORGANIZATION



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RESOLUTIONS AND OTHER ACTIONS OF THE FORTY-THIRD WORLD HEALTH ASSEMBLY OF  
INTEREST TO THE REGIONAL COMMITTEE

The Forty-third World Health Assembly, meeting in Geneva, Switzerland, from 7 to 17 May 1990, adopted 26 resolutions concerning a variety of program, financial and administrative issues. This document is an annotated synopsis of the resolutions which, in the judgment of the Director, are of particular importance or interest to the Region of the Americas. The XXIII Pan American Sanitary Conference, XLII Meeting of the Regional Committee of WHO for the Americas, is requested to offer its own analysis of the significance of these resolutions for the Member Countries of the Region as well as for the Secretariat.

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RESOLUTIONS AND OTHER ACTIONS OF THE FORTY-THIRD WORLD HEALTH  
ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE

I. INTRODUCTION

The Forty-third World Health Assembly (WHA43) was held in Geneva, Switzerland, from 7 to 17 May 1990. Dr. Plutarco Naranjo, Minister of Public Health of Ecuador, presided as President of the Assembly. Also from the Region of the Americas, Dr. M. F. A. Perez Carvajal, Secretary General of the Ministry of Health of Colombia, served as a Vice-Chairman of Committee A.

In addressing the Assembly, Dr. Hiroshi Nakajima, the Director-General, said he was impressed by the progress reported in improving health conditions, but added that the greater the progress, the greater the realization of what still needs to be done.

The following is a synopsis of the work of WHA43, which adopted 26 resolutions. Only those resolutions considered to be of importance to the Region of the Americas are annotated. They are presented according to subject matter, rather than in the sequence in which they were adopted. Some relate directly to agenda items being considered by the XXIII Pan American Sanitary Conference and are so noted with cross references. All of the resolutions are included in the Annex in numerical order. Other items of interest are also presented.

II. PROGRAM POLICY MATTERS

Several program policy items were included in the agenda for WHA43. Background documents, distributed before and during the Assembly, provided a basis and focus for the discussion and the resolutions which resulted. In other instances, resolutions were generated and adopted as part of the discussion of agenda items which dealt with broad program policy issues.

The following presentation includes program policy issues pertinent to the Region of the Americas.

1. Andean Cooperation in Health (Resolution WHA43.8)

In his address to the Assembly, Dr. E. Díaz Uribe, Minister of Health of Colombia, spoke on behalf of the countries of the Andean subregion and requested support from the Member Countries and the Director-General for the Andean Cooperation in Health. As a result, the Assembly adopted Resolution WHA43.8, which is in line with similar resolutions passed by previous World Health Assemblies concerning health initiatives in Central America and Panama and in the English-speaking Caribbean.

The Andean Cooperation in Health is based on a long tradition of collaboration among the Andean countries. Clear expressions of that collaboration are the general Cartagena Agreement of 1969 and the Convenio Hipolito Unanue of 1971 which deals specifically with health. In 1986 the Andean Ministers decided to launch a special initiative which concentrated on specific priority areas. This effort has had the formal support of PAHO/AMRO. The priority areas have undergone some modification and at present are health services infrastructure, maternal and child health, control of malaria and other vector-borne diseases, drug abuse prevention, preparation for disasters and environmental health. It is anticipated that these priority areas will become the main framework for PAHO/WHO technical cooperation in the subregion.

The major points of the resolution are the global recognition of this effort at Andean cooperation and the call for the Director-General to support the Regional Office and the Governments in promoting the initiative.

The regional Governing Bodies have already approved this initiative and need not take any other definitive action at this time. The Regional Office in the past has requested support from the Director-General for other initiatives.

2. Prevention and Control of Iodine Deficiency Disorders (Resolution WHA43.2)

In Resolution WHA43.2, the World Health Assembly decided that WHO shall aim toward eliminating iodine deficiency disorders as a major public health problem in all countries by the year 2000. Commending governments, intergovernmental and bilateral agencies, and non-governmental organizations on their efforts to prevent and control these disorders, the Assembly urged Member Countries to continue to give priority to their prevention and control through appropriate nutrition programs as part of primary health care. The Director-General is requested to monitor the incidence and prevalence of these disorders, to reinforce the technical support provided to Member Countries for assessing the most appropriate approaches for their prevention and control, and to mobilize additional technical and financial resources for Member Countries to develop or expand their programs.

Iodine deficiency disorders (IDD) remain a public health problem in the Region of the Americas, particularly in Bolivia, Ecuador, El Salvador, Guatemala, Honduras, and Peru and to lesser extent in other countries. In some Andean areas, mental retardation and cretinism caused by IDD is highly prevalent.

The Joint Nutrition Support Program (PAHO-WHO/UNICEF), with Italian funds, collaborated in the development of IDD control programs in Peru and Bolivia which have been highly successful. It also complemented the Ecuadorian program that is mainly funded through a bilateral project with the Belgian Government.

An Expanded Program for the Control of IDD has been developed by PAHO/AMRO requiring approximately \$14 million over six years. Already, PAHO/AMRO has begun to implement, in collaboration with UNICEF and the International Council for Control of Iodine Deficiency Disorders (ICCIDD), an evaluation of the present situation in the countries of the Region. Quick assessments of control programs have been carried out in Central America and Panama, and in Argentina, Mexico, and Paraguay. With the collaboration of a PAHO/AMRO short-term consultant, additional assessments took place in Colombia, Venezuela and Brazil in 1990.

Following these evaluations, PAHO will collaborate with Member Countries in reformulating, whenever necessary, their national strategies to control IDD, with the aim of eliminating it as a public health problem by the year 2000.

As part of the short-term activities supported by PAHO/AMRO, an "International Training/Workshop for the control of Iodine Deficiency Disorders in Latin America" will be held in Quito by the Ministry of Health of Ecuador in November 1990.

3. Protecting, Promoting and Supporting Breastfeeding (Resolution WHA43.3)

Resolution WHA33.32, adopted by the Thirty-third World Health Assembly in 1980, dealing with infant and young child feeding, requested the Director-General to present to the Thirty-fourth World Health Assembly in 1981, and subsequently in even years, a report on the measures taken by WHO to promote breastfeeding and to improve infant and young child feeding. The Thirty-fourth World Health Assembly adopted the "International Code of Marketing of Breastmilk Substitutes" in May 1981. Article 11 of the Code indicates "according with Article 62 of the constitution of WHO, Member States will inform annually to the Director-General on actions taken to give effect to the principles and aim of the Code and the Director-General will inform the Assembly in even years about the situation regarding its application."

Reiterating its concern over the decreasing prevalence and duration of breastfeeding in many countries and convinced of the importance of protecting breastfeeding where it remains the infant-feeding norm (and promoting it where it is not), the Assembly adopted resolution WHA43.3 which urges Member Countries to ensure that the principles and aim of the International Code of Marketing of Breastmilk Substitutes are given full expression in national health and nutrition policy and action. Countries are also urged to protect and provide breastfeeding as an essential component of their overall food and nutrition policies and programs, to continue to monitor breastfeeding patterns and to ensure that families make the most appropriate choice with regard to infant feeding. Furthermore, WHO is requested to continue to review regional and global trends in breastfeeding patterns and to support Member Countries, on request, in adopting measures to improve infant and young child nutrition.

During 1989 PAHO/AMRO carried out an evaluation of national programs in support of breastfeeding in the Region, through questionnaires sent to each country through the PAHO/WHO representations. The information received was included in the Director-General's Report on the subject. In addition, PAHO/AMRO has prepared a report, entitled "Present Situation Regarding Breastfeeding and Implementation of the International Code of Marketing of Breastmilk Substitutes in the Americas," which provides an overview of the regional situation as well as summaries of individual country reports.

INCAP has formulated a proposal on "Promotion of Breastfeeding and Infant Feeding Practices in Central America" which is being considered by the Swedish International Development Agency for funding for a period of three and one-half years, beginning in the second half of 1990.

CFNI is actively promoting educational activities in support of breastfeeding, sound weaning practices and effective involvement of women in health development and infant nutrition.

PAHO/AMRO is organizing a Technical Group Meeting on infant feeding to be carried out in October 1990 in Caracas, in collaboration with the National Institute of Nutrition and the CAVENDES Foundation of Venezuela. The main objective is to update guidelines for infant feeding and to set the bases for surveillance systems to monitor the trends in breastfeeding and weaning practices in the Region of the Americas.

4. Improving Technical Cooperation among Developing Countries through Implementation of the Medium-Term Program on TCDC for Health for All 1990-1995 (Resolution WHA43.9)

The Ministers of Health of the Non-Aligned Countries promoted this resolution which encompasses previous mandates on technical cooperation among developing countries (TCDC), starting with the Buenos Aires Plan of Action, and which recognized and reiterated the importance of TCDC in health. The resolution urges developing countries to encourage national institutions to strengthen their TCDC capacities and to facilitate the initiation of an international resource network for formulating and implementing concrete TCDC activities in the biennium 1990-1991. The Director-General is requested to give priority to the implementation of the Assemblies' various TCDC resolutions, including through the establishment or strengthening of focal points in Headquarters and the Regional Offices to coordinate support for TCDC activities.

PAHO/AMRO has recognized TCDC for many years as an important mechanism for mobilizing resources for health development. Over US\$2.2 million has been approved in the PAHO/WHO biennial program budget for 1990-1991 to stimulate and facilitate the development of TCDC activities. These resources have been allocated in various country program budgets. Furthermore, TCDC is a basic instrument for the preparation and implementation of the initiatives in the Caribbean, Central America and Andean subregions.

Specific activities to promote TCDC in the Region of the Americas have included a meeting on TCDC in 1989 with the participation of Argentina, Brazil, Bolivia, Cuba, the Dominican Republic, Ecuador, Guyana, Mexico and Nicaragua. PAHO/AMRO is also working with the United Nations Development Program (UNDP) and the Latin American Economic System (SELA) in the preparation of the first meeting to develop TCDC programming in health technology development in Latin America and the Caribbean, to be held in March 1991.

Unfortunately, despite these unique efforts among WHO's Regional Offices, the potential for TCDC in the Region still remains largely untapped or, at the minimum, underutilized due to several factors: lack of political commitment, lack of information about the potential of TCDC, lack of national focal points, and lack of even the minimal resources needed to initiate these efforts as a result of the financial crisis in the Region.

5. Women, Children and AIDS (Resolution WHA43.10)

A dramatic increase in heterosexual transmission of HIV and in AIDS cases among women has been observed in the last several years, particularly in developing countries. As a consequence, HIV infection is increasing in newborn infants at a worrisome rate.

Due to traditional mores, women still are frequently unable to make free decisions concerning their sexuality and their fertility. They frequently lack the power to protect themselves from infection through sexual intercourse, and, once infected, they transmit the infection to their newborns. To tackle this problem, an international group of experts met in Paris in November 1989. Their Declaration, annexed to Resolution WHA43.10, outlines a series of strategies for promoting and protecting the health of women, children and families, in general.

Stressing the importance of this Declaration on Women, Children, and AIDS, the WHA43 urged Member Countries to evaluate their policies for the control of HIV infection/AIDS to assure that they contain means to promote behavior to prevent the dissemination of HIV/AIDS to women and children, to ensure that HIV infection/AIDS prevention and control programs are coordinated with other programs for women, children and families, particularly maternal and child health, family planning and sexually transmitted disease control programs, to promote safe motherhood, and to recognize the crucial role of women, women's organizations and nongovernmental organizations in the prevention of HIV transmission and the care of people with AIDS-related diseases. WHO is requested to continue to strengthen its crucial role in promoting the health of women and children with appropriate attention to the control of HIV infection/AIDS.

The Regional Committee is considering HIV infection/AIDS in the Americas under agenda item 5.10. The increasing importance of heterosexual transmission of HIV/AIDS in the Americas is presented in the accompanying Document CSP23/12. As a result of these changing patterns of transmission, strategies for preventing HIV infection and its social consequences among women and children have already been incorporated into every national AIDS program in the Region. Within all medium-term plans, specific interventions have been outlined to have women actively involved in the prevention and control of HIV infection/AIDS. Likewise, emphasis is placed on the need for men to change their behavior to prevent the transmission of HIV to their female partners and their babies. Special attention is also given to the education of youth and to the prevention of transmission from drug users to their sexual partners and their offspring.

Coordination of regional activities is being carried out through an interprogram work group, composed of GPA-Americas, the Regional Maternal and Child Health Program, and the Women, Health and Development Program.

6. Reduction in Demand for Illicit Drugs (Resolution WHA43.11)

Six previous World Health Assemblies have addressed the issue of prevention and control of substance abuse. Last year, in resolution WHA42.20, Member Countries were urged to develop comprehensive policies and programs to combat drug and alcohol abuse within the context of primary health care. The current resolution (WHA43.11) focuses on demand reduction for illicit drugs, reflecting a deep concern at the scale of the international problem of illicit drug production, trafficking and abuse and the threat it poses to the health of the world population and to the political, economic and social fabric of Member Countries. In this regard, countries are urged to develop national action programs aimed at the reduction in demand for illicit drugs and the promotion of effective treatment for drug-dependent persons. The Director-General is requested to intensify WHO's action to prevent the spread of drug abuse, to develop effective approaches to the treatment of drug dependence, to promote operational research on drug abuse, and to encourage the development of national programs to prevent and control drug abuse.

Both in 1988 and 1989, the Regional Committee for the Americas approved resolutions addressing the serious problem of drug abuse in the Americas and calling for enhancement of PAHO/AMRO's drug abuse prevention program. Previous reports to the PAHO/AMRO Governing Bodies have addressed "Abuse of Narcotic and Psychotropic Substances" and "Drug Abuse Prevention." Furthermore, the issue is being proposed to PAHO's Governing Bodies as one of the program priorities for the Quadrennium 1991-1994 (see Document CSP23/14).



Over the last several years, PAHO/AMRO has been active with national commissions and focal points for the prevention and control of drug-related problems to develop and promote national drug abuse prevention programs, to strengthen intersectoral coordination, and to enhance the leadership of the health sector in promoting appropriate national prevention and control responses to this problem. Additional activities have been undertaken to develop a drug abuse monitoring network within the Region, which is now being implemented. Technical cooperation has been provided, particularly in the Andean subregion, Central America and in several Caribbean countries, for the development of national policies and programs, training programs and community-based, multi-sectoral comprehensive service programs within local health systems. A multidisciplinary group has been established to study psychoactive substance disorders to determine the etiology and impact of substance abuse in the Region and to develop a variety of risk factor approaches for its control. In recognition of the relationship between substance abuse and the spread of AIDS, PAHO/AMRO has also coordinated an International Symposium on AIDS and Drugs held in Buenos Aires, Argentina, where a model community project for the implementation of non-traditional approaches for early detection and prevention is being developed.

7. Tobacco or Health (Resolution WHA43.16)

In 1988, the PAHO/AMRO Governing Bodies adopted Resolution CD33.R22 on the "Fight Against the Use of Tobacco" and in the following year, adopted a regional plan of action for the prevention and control of the use of tobacco (Resolution CD34.R12). The purpose of the plan is to promote and facilitate the adoption of public health measures at the regional, subregional and national levels aimed at reducing the incidence and prevalence of smoking and protecting the health of nonsmokers. The ultimate purpose of these policies and actions is to promote the concept of tobacco-free societies and generations. The objectives of the plan are 1) to cooperate in the development of effective programs for the prevention and control of smoking in all the countries of the Region; 2) to promote dissemination of the necessary information on prevention and control of smoking through the establishment of a regional information network; and 3) to contribute to the mobilization of public opinion and decision-making centers in order to make the consumption of tobacco socially unacceptable. Specific goals and activities were adopted for the 1990-1991 biennium.

Resolution WHA43.16 on "Tobacco or Health" follows four resolutions adopted by previous Assemblies concerning the health hazards of tobacco smoking and the WHO action program on smoking and health. Encouraged by the continuing decline in tobacco consumption in Member Countries that have adopted comprehensive smoking control policies and by recent information demonstrating the effectiveness of tobacco control strategies, WHA43 urged countries to adopt measures to protect nonsmokers

from involuntary exposure to tobacco smoke, to promote financial measures aimed at discouraging the use of tobacco, and to eliminate eventually all direct and indirect advertising, promotion and sponsorship concerning tobacco. The WHO Director-General is requested to intensify support for the tobacco or health plan of action.

8. Strengthening Technical and Economic Support to Countries Facing Serious Economic Constraints (Resolution WHA43.17)

The Forty-second World Health Assembly (1989) adopted two resolutions pertinent to this area of program emphasis for the Organization, one with the same title (WHA42.3) and one dealing with strengthening WHO's support to countries in rationalizing the financing of health care services (WHA42.4). Since then, the Director-General has initiated activities to support country-centered strategies aimed at overcoming obstacles to the implementation of primary health care with an emphasis on those in greatest need. The major focus of this effort is in the areas of health systems organization and management and the financing of health care.

The approach being used by WHO is to increase coordination of all available resources to a given country in order to raise the visibility of countries to the donor community in general and to coordinate WHO efforts at all levels based on country needs. The countries that participate must be willing to "take a fresh and realistic look at their health priorities. The Governments must be prepared to recast their national health plans or to vary them, and to reallocate existing resources if reappraisals show this to be necessary" (Document A43/5, paragraph 25). Cooperation is envisaged at two levels: a short-term group of strategic activities to complement on-going programs, and medium-term support, covering broad aspects of the national health plan with full WHO and other international participation, as required.

The basic content of the resolution adopted by the Forty-third World Health Assembly (WHA43.17) addresses the need for countries to introduce changes in the allocation of resources for health, both national and external, in order to achieve greater effectiveness and efficiency in the health sector. These changes, which may include structural adjustments in the health sector, are necessary in view of the hard economic situation many countries are currently experiencing. It also urges countries to explore better the linkages between health and other sectors within the context of national health development to achieve a higher level of health for the population.

Five countries in the Region of the Americas have already begun participation in this initiative--Bolivia, Ecuador, Guatemala, Haiti and Jamaica. In each instance, these efforts are adjuncts to those already taking place as part of the subregional initiatives undertaken by PAHO/AMRO.

Several additional activities recently started at the regional level are focusing on the issues set forth in this resolution, including the joint PAHO/Organization of American States-sponsored subregional meetings for Members of Parliaments concerning democracy and health and the development of background documents in preparation for an intersectoral, interagency meeting on health development, to be held later in the biennium. Furthermore, PAHO/AMRO has recently held a series of discussions at the technical level with the Inter-American Development Bank and the World Bank about the possible adoption of a common framework of sector approaches to health development and to sector analyses, lending and cooperation in health. The Subcommittee on Planning and Programming of the PAHO Executive Committee discussed various aspects of these efforts in its April 1990 meeting.

9. Tropical Disease Research (Resolution WHA43.18)

The UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases, which this resolution addresses, has actually been in operation since 1975 and has carried out activities in the Region of the Americas since 1978. From that year, it has distributed approximately US\$77 million for specific research projects and for institutional strengthening, including funds for training and visiting scientists. Although there have been many accomplishments of the Special Program in the development and testing of new disease control tools, the target diseases (malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy) continue to be major public health problems, including in the Region of the Americas.

Resolution WHA43.18 endorses the thrusts of the special program and emphasizes a new objective, namely new product development in areas such as drugs for malaria; vaccines for leishmaniasis, malaria and schistosomiasis; and a microfilaricide for filariasis. The pharmaceutical industry, multilateral and bilateral agencies, and biomedical and social research institutions are all called upon to increase their research efforts for the control of these diseases. Member Countries are urged to intensify their efforts to control these diseases by making full use of the newly developed technologies and by developing targeted national control strategies. For his part, the Director-General is requested to ensure continuation of the Special Program's leadership role by fostering further research in endemic countries, strengthening collaboration in research and disease control efforts, and mobilizing additional contributions to the Special Program.

In the Region of the Americas, the Special Program has supported researchers undertaking a wide range of investigations. This research has included:

- Laboratory tests in the United States of America and field research in Colombia and Brazil on new anti-malarial drugs and anti-malarial vaccines;

- Research, development and field testing of a leishmaniasis vaccine in Brazil and Venezuela;
- Field research of a microfilaricide in Guatemala and Mexico;
- Product development and/or field testing of new methods for control of American trypanosomiasis in Argentina, Bolivia, Brazil, Chile, Honduras, Paraguay and Uruguay;
- Operational research to optimize multidrug therapy for leprosy in Brazil and Venezuela;
- Institutional strengthening through support for specific research projects in Brazil, Guatemala, Mexico, Nicaragua and Venezuela;

During this period, PAHO/AMRO has cooperated with investigators throughout the Region for the development of specific research projects and proposals in the areas of socioeconomic research related to the control of tropical diseases, field research on malaria, testing new strategies for the control of American trypanosomiasis, and developing new approaches for vector control which include emphasis on environmental protection. A basic principle has been that research must be an integral component of control activities.

10. Action Program on Essential Drugs (Resolution WHA43.20)

Noting the growing recognition of the concept of essential drugs as a means of encouraging the rational use of drugs, facilitating universal access to essential drugs, and improving health care while containing cost, the Assembly adopted Resolution WHA43.20 concerning WHO's Action Program on Essential Drugs, the eighth in a series of resolutions adopted by various health assemblies concerning essential drugs. In the current resolution, Member Countries are again urged to cooperate in the exchange of information and experience concerning the formulation and implementation of their drug policies and essential drug programs, and the Director-General is requested to strengthen his support for the promotion of the essential drugs concept as part of WHO's Revised Drug Strategy.

The issue of essential drugs has long been a priority for the Member Countries of the Region of the Americas. The subregional initiatives have been particularly important mechanisms through which to develop and implement joint activities in this area. For example, in Central America and Panama, the Regional Drug Program has supported the development of pharmaceutical policies, strengthened drug supply systems, promoted the production of essential drugs and established joint purchase mechanisms, funded mainly by contributions from Holland and the Nordic countries. Technical cooperation has included subregional and national

courses and seminars, the publication of technical documents, direct consultation in the development of the infrastructure for pharmaceutical services, and the provision of supplies and equipment.

In the Andean subregion, Bolivia, Colombia and Ecuador have carried out activities which, over the next four years, will facilitate full national projects aimed at strengthening their essential drug programs. Among the Southern Cone countries, a meeting was held in October 1989 to review joint activities in developing drug regulatory systems, exchanging information about pharmaceutical products, and conducting drug utilization studies.

Furthermore, the regional program is developing guidelines for pharmaceutical services and the use of essential drugs in local health systems. Drug information centers, with the assistance of PAHO/AMRO, are being developed in Central America, in the Andean subregion and in the Dominican Republic, even though their full potential will not be realized until sufficient teams of adequately trained professionals are available to staff them. For this reason, emphasis is being placed on working with universities, schools of medicine and schools of pharmacy in training personnel and in strengthening curricula in relation to the rational use of drugs.

The Latin American Network of Official Laboratories for the Control of Drug Quality, established in 1984 with PAHO/AMRO's sponsorship, is becoming an important instrument for the development of national drug laboratories. The Directors of these laboratories meet periodically to coordinate the flow of bibliographic information, elaborate training programs and instructional materials and strengthen quality control, the last of which is being assisted by the U.S. Food and Drug Administration. Finally, a series of courses have been offered on good manufacturing practices, which have already been held in six countries in the Region.

11. Hazardous Wastes Management (Resolution WHA43.25)

Hazardous wastes are part of the overall environmental pollution problem. The major characteristics of this type of waste include inflammability, corrosiveness, reactivity, acute or chronic toxicity and infectiousness. Radioactive wastes are normally considered separately and infectious waste, mostly from hospitals and slaughterhouses, are mostly dealt with through separate management systems.

Hazardous wastes, if not adequately dealt with, find their way into the environment, contaminating streams, groundwater and soils and subsequently foods. The health risks, however, cover a much broader spectrum including: 1) accidental injuries resulting from handling the waste; 2) acute poisoning caused by inhalation or ingestion of chemical waste products; 3) chronic poisoning caused by long-term exposure to chemicals in the water, air or food; and 4) spread of infectious or

parasitic diseases from hospital wastes or untreated human and other organic wastes.

The movement of hazardous wastes across frontiers is now a common problem. Reasons for this transportation may be entirely legitimate if, for example, appropriate disposal facilities exist only in certain countries. However, much illegal transport of waste is taking place, particularly to the poorer countries which will accept it to earn much needed income. The recently concluded Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and Their Disposal may help to bring the situation under control. Unfortunately, in developing countries, national capabilities for proper management of hazardous wastes are frequently constrained by insufficient scientific expertise and human resources and lack of appropriate regulations to deal effectively with the problem.

Commending the Director-General for establishing the WHO Commission on Health and Environment which will examine the subject of hazardous wastes and their effects on human health, among other issues, the Assembly in Resolution WHA43.75 urged Member Countries to establish or strengthen programs for environmentally sound management of hazardous wastes, to extend health surveillance systems to identify the adverse effects of exposure to hazardous substances, to minimize waste, and to ratify the Basel Convention. For his part, the Director-General is requested to collaborate with countries in developing and carrying out hazardous waste management programs, to improve health-based criteria which can be used for the promulgation of national regulations and standards, to prepare practical technical guidelines for safe handling and disposal of hazardous wastes and to disseminate scientific and technical information dealing with this matter.

PAHO/AMRO has, for some time, been undertaking a large number of activities in hazardous waste management, which respond mostly to specific country needs. Furthermore, efforts are being made to develop a more cohesive long-term regional approach that will deal with the various aspects of the hazardous waste issue in the Americas. Some of the current PAHO/AMRO activities are:

- Development of a PROECO project on hazardous waste in Mexico;
- Presentation of numerous courses and seminars by ECO staff on risk assessment, toxicology, epidemiology, accident prevention and impact assessment;
- Development of regional and subregional proposals on hazardous waste management for extrabudgetary funding;
- Conduct of technical meetings that deal with specific problems, such as the "maquila" industries along the U.S.-Mexican Border;

- Sponsorship of training seminars for national environmental health staff and others on the various aspects of the hazardous waste issue;
- Provision of technical assistance to countries, e.g., the identification of suitable disposal sites for hazardous waste in Jamaica;
- Development of guidelines on the management of hospital wastes;
- Translation into Spanish of numerous publications and guidelines dealing with hazardous waste management;
- Preparation of a Regional document on hazardous waste and health in the Americas; this document, when completed later in 1990, is expected to provide an overview of the various aspects of the problem in different countries and to describe its potential impact on health;
- Collaboration with other organizations, including CEPALC, and industry, in hazardous waste control.

Finally, it should be noted that some of the larger countries in the Region now are developing their own programs on hazardous waste control. Unfortunately, as most industrialized countries are tightening their rules for disposal of hazardous waste, the illicit export of these materials to less developed countries remains an issue.

### III. TECHNICAL DISCUSSIONS

The Technical Discussions, held concurrently with the Forty-third World Health Assembly, focused on the "Role of Health Research." The report of these discussions underscored the importance of health research for national health development. Of necessity, research in the context of public health must aim to provide all aspects of the information needed to implement effective health systems. Thus, national research priorities flow from national health priorities. They dictate what research will be needed, and they determine the need for research resources. However, it is not only the capacity to conduct research for development which is essential but also the capacity to understand and manage the linkage of research to the infrastructure, to the productive sector, to the social structure, and to the process of government and decision-making for national development. In this context, the technical discussions dealt specifically with health systems research, nutrition research, strengthening research capability and the implications for health care of recent advances in the biological and physical sciences.

In noting the report of the Technical Discussions, the Assembly adopted Resolution WHA43.19, recognizing the vital role of research in

improving health. After calling on Member Countries to undertake essential health research appropriate to national needs, it urges Member Countries to define national health research priorities, to build and strengthen national research capabilities, and to strengthen mechanisms to apply research results in policy-making and in health systems operations. The research community is requested to develop health research appropriate to national needs and to intensify its efforts in communicating research findings. The Director-General is requested to strengthen the research capabilities of Member Countries and to use appropriate mechanisms to a) assess new and emerging areas of science and technology; b) investigate evolving problems of critical significance to health; and c) identify appropriate methodologies for trend assessment and forecasting, including epidemiology to improve health.

In itself, this resolution reflects a growing acknowledgement of the importance of research to achieving better health conditions worldwide. By rejecting the simplistic view that science is a matter for developed countries and a luxury for the developing ones, the Assembly reaffirmed the concept that health research is an essential component of any national health policy committed to solving health problems.

Previously held views about research policy formulation concentrated, almost exclusively, on the promotion of the supply side of the equation, paying little or no attention to the demand side. The policy enunciated in this resolution breaks away from this traditional view and reinforces the natural link or tie which must exist between producers of knowledge (supply) and societal needs (demand). It also orients the efforts that must be made by all that play a role in this field (Member Countries, the scientific community, technical cooperation agencies, etc.). This approach is essential to discern the difference between problems for which solutions are available from those needing the generation of knowledge for the development of new solutions.

This approach is not new in the Region of the Americas. Numerous resolutions of the PAHO/AMRO Governing Bodies, recommendations of the Regional Advisory Committee on Health Research (ACHR) and the technical cooperation programs in this area have been following this non-traditional view for many years. Founded on the results of the Caracas Conference on Health Research Policies and the adoption of the concept of the "administration of knowledge" as one of the fundamental missions of the Organization, regional activities addressing health research and development management (planning, scientific information systems, health research support, etc.) have been numerous, as part of ongoing regional technical programs, as basic activities of the Pan American Centers, and in response to specific requests made by ministries of health, national research councils, research institutions, and the scientific community. Thus, the Region of the Americas has already been moving in the direction of the recommendations made by WHA43. The selection of biotechnology and health systems and services research as



strategic areas for special attention by the regional ACHR affirms the commitment by the Organization to respond to societal needs on the one hand and to develop and strengthen health research capabilities on the other.

The Executive Board has selected "Strategies for Health for All in the Face of Rapid Urbanization" as the subject of the 1991 Technical Discussions.

#### IV. FINANCIAL AND ADMINISTRATIVE MATTERS

The most pressing financial matter facing WHO is the alarming deterioration in the payment of assessed contributions. In 1989, the rate of collection of current-year assessed contributions to the effective working budget was the lowest since 1950, only 70.22%. Only 94 Member Countries had paid their 1989 contributions in full by the end of the year and 52 had made no payment toward their current-year assessment. Members were reminded, in Resolution WHA43.5, that contributions are considered due in full by the first day of the year to which they relate. Two years ago, an incentive scheme was adopted by the Assembly which will reduce, appreciably, the contributions payable for 1992-1993 biennium by these Member Countries which have paid their 1990 contributions early in the year. Those Members which regularly pay their contributions late were urged to ensure prompt payment. Otherwise, the Director-General will not be able to implement the programs of WHO in an orderly manner. Notwithstanding this problem, the Assembly voted to restore the voting privileges of three Members which had previously had these privileges suspended due to arrearages in the payment of their contributions (Resolution WHA43.21). The effect of late payments is reflected in the Financial Report for the 1988-1989 biennium, which was adopted in Resolution WHA43.4.

In appropriating US\$4,726,750 from casual income for the Real Estate Fund, the Assembly authorized the projects proposed by the Director-General. These include \$74,000 as the WHO share for the project approved by PAHO's Executive Committee for replacement of the air handlers in the regional headquarters building and \$82,000 for upgrading the building's emergency systems.

#### V. MISCELLANEOUS

1. Report of the International Conference for the Tenth Revision of the International Classification of Diseases (Resolution WHA43.24)

The report of the International Conference for the Tenth Revision of the International Classification of Diseases was adopted. This latest revision of the classification will become effective as of 1 January 1993. The Director-General will be issuing the Manual of the International Statistical Classification of Diseases and Related Health Problems for its implementation. In the development of this latest

revision, the suggestions made by PAHO/AMRO, based on the recommendations of the Member Countries in the Region of the Americas, were incorporated in their entirety. Some problems remain, namely the lack of the international nomenclature in several areas in languages other than English and effecting a smooth transition between the use of the Ninth and Tenth Revisions in order to assure data comparability. The activities to implement this latest revision, by all countries and by all institutions in each country at the same time, will be facilitated through utilization of the Regional Network of National Centers for the International Classification of Diseases.

2. Request of Palestine for Admission as Member of the World Health Organization (Resolution WHA43.1)

The Forty-third World Health Assembly requested the Director-General to continue his studies on the application of Palestine for membership in WHO and to pursue the implementation of special technical assistance to improve the health conditions of the Palestinian people in the occupied territories.

3. Executive Board Membership

The Forty-third World Health Assembly elected 10 Member States entitled to designate a person to serve on the Executive Board. From the Region of the Americas, the United States of America was elected. Concurrently, the term of Dr. Roberto F. Santos, designated by Brazil, expired.

4. Forty-fourth World Health Assembly

The Forty-fourth World Health Assembly will convene in Geneva, Switzerland, on Monday, 6 May 1991, at 12:00 noon.

Annex



世界衛生大會決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.1

Agenda item 11

10 May 1990

REQUEST OF PALESTINE FOR ADMISSION AS A MEMBER  
OF THE WORLD HEALTH ORGANIZATION

The Forty-third World Health Assembly,

Mindful of the basic principle established in the WHO Constitution, which affirms that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States;

Noting that, according to Article 3 of the WHO Constitution, membership in the Organization shall be open to all States;

Taking into consideration the consultations conducted by the Director-General, in accordance with resolution WHA42.1, on the preliminary information on the application of Palestine for membership in WHO, and the proposals contained in document A43/25;

Aware of the resolutions of the Council of Arab Ministers of Health, adopted at its fifteenth session held in Cairo from 12 to 14 March 1990, and appreciative of the constructive efforts made by the Council in order to find, in cooperation with WHO, a harmonious solution to current questions facing the Organization;

Fully supporting the development of the peace process in the Middle East and hoping that current initiatives will soon be conducive to sustainable peace in the Middle East;

Recalling resolution WHA42.14 and commending the Organization's efforts to prepare and implement the special technical assistance to improve the health conditions of the Palestinian people in the occupied territories;

1. REAFFIRMS resolution WHA42.1;

2. REQUESTS the Director-General:

(1) to continue his studies on the application of Palestine contained in the note verbale of 14 April 1989, in consultation with all appropriate organizations and bodies, and to report to the World Health Assembly at the appropriate time, taking into consideration any relevant developments;

(2) to pursue the implementation of special technical assistance to improve the health conditions of the Palestinian people in the occupied territories in cooperation with all Members of WHO, and intergovernmental and nongovernmental organizations, in the light of relevant World Health Assembly resolutions.

Eighth plenary meeting, 10 May 1990  
A43/VR/8



世界衛生大會決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.2

Agenda item 17

14 May 1990

PREVENTION AND CONTROL OF IODINE DEFICIENCY DISORDERS

The Forty-third World Health Assembly,

Having considered the report of the Director-General on infant and young child nutrition, in particular regarding the progress achieved in preventing and controlling iodine deficiency disorders;

Recalling resolution WHA39.31 on the prevention and control of iodine deficiency disorders;

1. COMMENDS governments, intergovernmental and bilateral agencies, and nongovernmental organizations, in particular the International Council for Control of Iodine Deficiency Disorders:

(1) on their efforts to prevent and control iodine deficiency disorders and to support related national, regional and global initiatives;

(2) on the encouraging progress achieved since 1986, through joint activities in many countries, towards the elimination of iodine deficiency disorders as a major public health problem throughout the world;

2. DECIDES that, in view of the progress already achieved and the promising potential of current and planned national prevention and control programmes, WHO shall aim at eliminating iodine deficiency disorders as a major public health problem in all countries by the year 2000;

3. URGES Member States to continue to give priority to the prevention and control of iodine deficiency disorders through appropriate nutrition programmes as part of primary health care;

4. REQUESTS that the Joint FAO/WHO Expert Committee on Food Additives verify the effectiveness and safety of the long-term use of potassium iodide and potassium iodate to fortify salt for the prevention and control of iodine deficiency disorders;

5. REQUESTS the Director-General:

(1) to continue to monitor the incidence and prevalence of iodine deficiency disorders;

(2) to reinforce the technical support provided to Member States, on request, for assessing the most appropriate approaches to preventing and controlling iodine deficiency disorders;

(3) to mobilize additional technical and financial resources to permit those Member States in which iodine deficiency disorders are still a significant problem to develop or expand their programmes for the prevention and control of these disorders;

(4) to report to the Health Assembly by 1996 on progress achieved in preventing and controlling iodine deficiency disorders.

Twelfth plenary meeting, 14 May 1990  
A43/VR/12

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世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
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RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.3

Agenda item 17

14 May 1990

PROTECTING, PROMOTING AND SUPPORTING BREAST-FEEDING

The Forty-third World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28 and WHA41.11 on infant and young child feeding and nutrition;

Having considered the report of the Director-General on infant and young child nutrition;

Reaffirming the unique biological properties of breast milk in protecting against infections, in stimulating the development of the infant's own immune system, and in limiting the development of some allergies;

Recalling the positive impact of breast-feeding on the physical and emotional health of the mother, including its important contribution to child-spacing;

Convinced of the importance of protecting breast-feeding among groups and populations where it remains the infant-feeding norm, and promoting it where it is not, through appropriate information and support, as well as recognizing the special needs of working women;

Recognizing the key role in protecting and promoting breast-feeding played by health workers, particularly nurses, midwives and those in maternal and child health/family planning programmes, and the significance of the counselling and support provided by mothers' groups;

Recognizing that, in spite of resolution WHA39.28, free or low-cost supplies of infant formula continue to be available to hospitals and maternities, with adverse consequences to breast-feeding;

Reiterating its concern over the decreasing prevalence and duration of breast-feeding in many countries;

1. THANKS the Director-General for his report;

2. URGES Member States:

(1) to protect and promote breast-feeding, as an essential component of their overall food and nutrition policies and programmes on behalf of women and children, so as to enable all women to breast-feed their infants exclusively during the first four to six months of life;

(2) to promote breast-feeding, with due attention to the nutritional and emotional needs of mothers;

(3) to continue monitoring breast-feeding patterns, including traditional attitudes and practices in this regard;

(4) to enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breast-feeding among working women;

(5) to draw the attention of all who are concerned with planning and providing maternity services to the universal principles affirmed in the joint WHO/UNICEF statement on breast-feeding and maternity services that was issued in 1989;

(6) to ensure that the principles and aim of the International Code of Marketing of Breast-milk Substitutes and the recommendations contained in resolution WHA39.28 are given full expression in national health and nutrition policy and action, in cooperation with professional associations, women's organizations, consumer and other nongovernmental groups, and the food industry;

(7) to ensure that families make the most appropriate choice with regard to infant feeding, and that the health system provides the necessary support;

3. REQUESTS the Director-General, in collaboration with UNICEF and other international and bilateral agencies concerned:

(1) to urge Member States to take effective measures to implement the recommendations included in resolution WHA39.28;

(2) to continue to review regional and global trends in breast-feeding patterns, including the relationship between breast-feeding and child-spacing;

(3) to support Member States, on request, in adopting measures to improve infant and young child nutrition, inter alia by collecting and disseminating information on relevant national action of interest to all Member States; and to mobilize technical and financial resources to this end.

Twelfth plenary meeting, 14 May 1990  
A43/VR/12

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世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.4

Agenda item 25.1

16 May 1990

FINANCIAL REPORT AND AUDITED FINANCIAL STATEMENTS  
FOR THE FINANCIAL PERIOD 1 JANUARY 1988 - 31 DECEMBER 1989  
AND REPORT OF THE EXTERNAL AUDITOR TO THE  
WORLD HEALTH ASSEMBLY

The Forty-third World Health Assembly,

Having examined the financial report and audited financial statements for the financial period 1 January 1988 - 31 December 1989 and the report of the External Auditor to the Health Assembly;<sup>1</sup>

Having noted the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-third World Health Assembly;<sup>2</sup>

1. ACCEPTS the Director-General's financial report and audited financial statements for the financial period 1 January 1988 - 31 December 1989 and the report of the External Auditor to the Health Assembly.
2. REQUESTS the Director-General to report to the eighty-seventh session of the Executive Board and to the Forty-fourth World Health Assembly on progress made in implementing the recommendations of the External Auditor.

Thirteenth plenary meeting, 16 May 1990  
A43/VR/13

<sup>1</sup> Document A43/11 and Corr.1.

<sup>2</sup> Document A43/27.



世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
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RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.5

Agenda item 25.2

16 May 1990

STATUS OF COLLECTION OF ASSESSED CONTRIBUTIONS AND  
STATUS OF ADVANCES TO THE WORKING CAPITAL FUND

The Forty-third World Health Assembly,

Noting with concern that, as at 31 December 1989:

- (a) the rate of collection in 1989 of current-year assessed contributions to the effective working budget amounted to 70.22%, the lowest rate since 1950;
- (b) only 94 Members had paid their current-year assessed contributions to the effective working budget in full, and 52 Members had made no payment towards their current-year contributions;

1. EXPRESSES concern at the alarming deterioration in the payment of contributions, which has had a deleterious effect on the financial situation during the financial period 1988-1989;
2. CALLS THE ATTENTION of all Members to Financial Regulation 5.6, which provides that instalments of contributions and advances shall be considered as due and payable in full by the first day of the year to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;
3. RECALLS that, as a result of the adoption by resolution WHA41.12 of an incentive scheme to promote the timely payment of assessed contributions, Members paying their assessed contributions for 1990 early in the year will have their contributions payable for the 1992-1993 programme budget reduced appreciably, while Members paying later will see their contributions payable for the 1992-1993 programme budget reduced only marginally or not at all;
4. URGES Members which are regularly late in the payment of their contributions to take urgently all steps necessary to ensure prompt and regular payment;
5. REQUESTS the Director-General to draw the contents of this resolution to the attention of all Members.

Thirteenth plenary meeting, 16 May 1990  
A43/VR/13





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قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.6

Agenda item 28

16 May 1990

REAL ESTATE FUND

The Forty-third World Health Assembly,

Having considered resolution EB85.R16 and the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1990 to 31 May 1991 as well as the report of the Director-General to the Forty-third World Health Assembly on the Real Estate Fund;

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates:

1. AUTHORIZES the financing from the Real Estate Fund of the expenditures summarized in part IV of the Director-General's report and supplemented by the report of the Director-General to the Forty-third World Health Assembly on the Real Estate Fund, at the estimated cost of US\$ 4 768 750;
2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 4 716 750.

Thirteenth plenary meeting, 16 May 1990  
A43/VR/13

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世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.7

Agenda item 29

16 May 1990

SALARIES AND ALLOWANCES FOR UNGRADED POSTS AND THE DIRECTOR-GENERAL

The Forty-third World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in the ungraded posts and of the Director-General;

1. ESTABLISHES the salary for the posts of Assistant Directors-General and Regional Directors at US\$ 110 000 per annum before staff assessment, resulting in a modified net salary of US\$ 67 000 (dependency rate) or US\$ 60 485 (single rate);
2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 123 350 per annum before staff assessment, resulting in a modified net salary of US\$ 73 942 (dependency rate) or US\$ 65 370 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 151 233 per annum before staff assessment, resulting in a modified net salary of US\$ 88 441 (dependency rate) or US\$ 77 391 (single rate);
4. DECIDES that these adjustments in remuneration shall be effective from 1 July 1990.

Thirteenth plenary meeting, 16 May 1990  
A43/VR/13

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قرار جمعية الصحة العالمية

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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.8

Agenda item 18

16 May 1990

ANDEAN COOPERATION IN HEALTH

The Forty-third World Health Assembly,

Informed of the initiative of the Governments of the Andean countries in the field of cooperation in health;

Aware of the long tradition in that subregion regarding the improvement of the standard of living and health of its inhabitants through coordinated and intercountry measures;

Noting the desire of the countries of that subregion to work closely together on selected priority health problems in a true spirit of technical cooperation;

Recognizing that such initiatives are being undertaken successfully in other subregions of the Americas;

1. CONGRATULATES the countries of the subregion on their continuing efforts to solve common health problems through cooperation;
2. URGES Member States, WHO, other international and nongovernmental organizations to support the Andean Cooperation in Health Initiative;
3. REQUESTS the Director-General to support the WHO Regional Office for the Americas and the Governments of the Andean countries in identifying ways of promoting, strengthening and facilitating Andean Cooperation in Health.

Thirteenth plenary meeting, 16 May 1990  
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قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.9

Agenda item 18

16 May 1990

IMPROVING TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES THROUGH  
IMPLEMENTATION OF THE MEDIUM-TERM PROGRAMME ON TCDC FOR HEALTH FOR ALL  
1990-1995

The Forty-third World Health Assembly,

Bearing in mind the resolutions of the United Nations General Assembly encouraging technical cooperation among developing countries, and its endorsement of the Declaration and the Plan of Action of the United Nations Conference on Technical Cooperation among Developing Countries, held in Buenos Aires in 1978; and recalling Health Assembly resolutions reaffirming WHO's commitment to technical cooperation among developing countries (TCDC) as an indispensable instrument for health development and for the implementation of strategies for health for all;

Recognizing the need for continued improvement of TCDC among developing countries as an indispensable mechanism for attaining their self-reliance in national health development;

Aware of the worldwide concern at the known management deficiency in national health systems confirmed by monitoring and evaluation of national strategies for health for all in 1985 and 1988 indicating that inadequate management capacities constitute one of the key obstacles to fulfilling health for all and primary health care policies;

Recognizing that to provide technical support to the ministries of health, as well as necessary linkages between policy and technical levels, national networks of institutions for health development and TCDC or equivalent bodies are required;

Aware of the need for developing countries themselves to provide financial resources for strengthening national management capacities to facilitate effective and timely identification of their national needs and priorities for health development and TCDC;

Further recognizing that sustained efforts should be made, nationally and internationally, for the mobilization of additional resources in support of implementation of health-for-all strategies and primary health care, and their allocation to priorities determined in national plans of action for health for all;

Recognizing with appreciation WHO support for the implementation of the first Medium-term Programme on TCDC for Health for All for the period 1984-1989, which was a clear expression of developing countries' commitment to the implementation of the WHO Seventh General Programme of Work;

Noting with satisfaction the Declaration of the Ninth Conference of Heads of State or Government of Non-aligned Countries, held in Belgrade in 1989 as well as the adoption by the ministers of health of non-aligned and other developing countries of the second Medium-term Programme on TCDC for Health for All for the period 1990-1995, an Initial Plan of Action on TCDC for Health for All (1990-1991), and the Declaration on Health as a Foundation for Development, as a contribution by developing countries to the implementation of health for all and primary health care;

1. COMMENDS the Director-General for the action taken to intensify international technical cooperation for accelerated implementation of primary health care in the least developed and other developing countries facing serious economic difficulties and debt problems;
2. CALLS UPON all Member States to provide every possible support to the Medium-term Programme on TCDC for Health for All for the period 1990-1995 and the Initial Plan of Action for 1990-1991 and to any other relevant programmes and activities based on TCDC, and especially upon developing countries to make optimal use of WHO resources, particularly for carrying out TCDC activities;
3. URGES developing countries:
  - (1) to effectively mobilize their human and financial resources for the development and operation of the networks of national institutions for health development and TCDC;
  - (2) to encourage relevant national institutions to strengthen their TCDC function and capacities and to act as clearing houses for information on national needs and priorities with respect to the development and implementation of national strategies for health for all, particularly those needs that are amenable to TCDC, and provide them with the financial resources required;
  - (3) to facilitate the identification of suitable institutions for health development and TCDC, in close collaboration with WHO, for intensified technical cooperation at the intercountry or regional levels leading to the initiation of the international resource network development for carrying out specific technical cooperation in support of the implementation of the Medium-term Programme on TCDC for Health for All for the period 1990-1995, by, in the first instance, formulating and implementing concrete TCDC activities for the period 1990-1991 along the lines contained in the Initial Plan of Action;
  - (4) to request, as feasible and appropriate, the existing institutions for health development and TCDC to assist the initiation and strengthening of similar institutions at the national, subregional, regional, and international levels;
  - (5) to explore and identify possibilities available in United Nations agencies (in particular UNDP) and other international agencies for providing financial and other support for the implementation of TCDC activities;
4. CALLS UPON the developed countries to intensify their support to the developing countries, particularly the least developed among them, for accelerated implementation of health for all through primary health care, by providing financial resources through bilateral and multilateral channels, including WHO, for effective implementation of health development programmes and expresses the hope that the forthcoming conference on assistance to the least developed countries will enable greater priority to be given to the health sector in the context of development aid;
5. REQUESTS the Director-General:
  - (1) to give priority to the implementation of the resolutions of the Health Assembly concerning TCDC and to organize effective coordination of WHO's programmes and activities in support of TCDC for Health for All;
  - (2) to establish and/or strengthen focal points for TCDC in the regional offices and headquarters at the appropriate levels, to enable them to coordinate effectively WHO's support to TCDC activities;

(3) to identify from among already existing institutions in each region and/or subregion those to be entrusted with the function of regional and/or subregional collaborating centre for health development and TCDC;

(4) to mobilize WHO's technical and financial resources to support developing countries, individually and collectively, to develop new approaches for enhancing international technical cooperation among themselves, with developed countries and with WHO and other United Nations, international and bilateral agencies for more effective implementation of primary health care;

(5) to support implementation of the Medium-term Programme on TCDC for Health for All, 1990-1995, the Initial Plan of Action and other TCDC programmes and activities by providing necessary financial resources from the 1990-1991 programme budget, and by making provision in the 1992-1993 programme budget allocation in all regions, and to provide catalytic support to the establishment and operation of subregional, regional and global collaborating institutions for health development and TCDC;

(6) to promote, coordinate and catalyse interagency support to institutions performing TCDC and health-for-all activities at the subregional, regional and global levels;

6. FURTHER REQUESTS the Director-General and the Regional Directors to report to the Health Assembly and Executive Board and the regional committees, respectively, in even-numbered years, on the progress made in the implementation of this resolution.

Thirteenth plenary meeting, 16 May 1990  
A43/VR/13

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世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.10

Agenda item 19

16 May 1990

WOMEN, CHILDREN AND AIDS

The Forty-third World Health Assembly,

Recalling resolutions WHA40.26 and WHA42.33 on the Global AIDS Strategy and resolution WHA41.24 on avoidance of discrimination against HIV-infected people and people with AIDS;

Recognizing the importance both of an integrated approach to the health of women and of the determining role of women in development, as emphasized especially in resolution WHA42.42;

Considering the extensive medical, scientific and psychosocial implications presented by HIV infection/AIDS for women, children and families, and bearing in mind the need to consider the problem of AIDS in mothers and children in the light of a broad approach to the health of mothers, children and families and the goal of health for all by the year 2000;

Acknowledging the leading role of WHO in the guidance and coordination of AIDS education, prevention, control and research;

Considering that the prevention and control of HIV infection/AIDS for women and children call for the strengthening and improvement of the primary health care system and for educational and other psychological and social support programmes for women, children and families;

Stressing the importance of the Paris Declaration on Women, Children and the Acquired Immunodeficiency Syndrome (AIDS);<sup>1</sup>

1. URGES Member States to:

(1) establish and evaluate policies for the control of HIV infection/AIDS incorporating the promotion of behaviour likely to prevent the dissemination of HIV/AIDS as well as prevention and care for women and children, together with the necessary support for families affected by the infection;

(2) ensure that programmes for the control of HIV infection/AIDS are coordinated or integrated with other programmes for women, children and families, particularly maternal and child health, family planning, and sexually transmitted disease control programmes;

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<sup>1</sup> Attached.

- (3) evolve strategies to provide counselling and psychosocial support with due respect for confidentiality, to people at risk of AIDS, particularly women and children; including, if they wish and after appropriate counselling, access to confidential HIV testing;
- (4) promote safe motherhood for women and ensure that HIV-infected women receive appropriate information and have access to health services, including family planning, counselling and other psychosocial support so that they can personally make informed decisions about childbearing;
- (5) mobilize health and social services to respond to emerging needs, especially those of families that suffer discrimination, or are not able to provide child care, and those of children who are abandoned or orphaned;
- (6) continue to promote, develop and support programmes for breast-feeding as a basic component of a sound health and nutrition policy;
- (7) recognize the close link between HIV infection/AIDS, and use of drugs or similar substances for recreational purposes, which increases the risk of mother-to-fetus transmission;
- (8) ensure that appropriate priorities and resources are devoted to research on HIV infection/AIDS in order to set up joint research programmes to develop innovative solutions to issues affecting the health and social conditions of women and children;
- (9) recognize, generally in the Global AIDS Strategy and specifically in national programmes, the crucial role of women, women's and nongovernmental organizations in the prevention of HIV transmission and the care of people with AIDS-related diseases;
- (10) strengthen the involvement of women by including in national AIDS committees a representative of women's organizations and by enhancing women's social, economic and legal status, inter alia through income generating activities, so that they may participate fully in AIDS control programmes at all levels;

2. REQUESTS the Director-General to:

- (1) continue to strengthen WHO's crucial role in promoting the health of women and children with appropriate attention to the control of HIV infection/AIDS in conformity with the Global AIDS Strategy;
- (2) take steps to mobilize the necessary resources, both human and financial, to develop and transfer activities and technology for the prevention and care of HIV infection/AIDS in women and children;
- (3) devote special attention to those countries that are most affected and whose precarious economic situation calls for a special demonstration of international solidarity, and monitor evolving needs and responses to these needs.



## **Paris Declaration on Women, Children and the Acquired Immunodeficiency Syndrome (AIDS)**

The International Conference on the Implications of AIDS for Mothers and Children was held in Paris from 27 to 30 November 1989, to hear scientific presentations and to discuss the policy implications of human immunodeficiency virus (HIV) infection for these important population groups. Based on the discussions and findings from the Conference, the assembled Ministers of Health and their representatives declare:

*Considering* the extensive scientific and psychosocial implications presented by HIV infection/AIDS in women, children and families, and bearing in mind the need to consider the problems of AIDS in mothers and children in the light of a broad approach to the health of women, children and families and the goal of Health for All by the Year 2000;

*Recognizing* that the AIDS pandemic – closely associated with problems of drug abuse – has a particularly adverse effect on women and children, and that they are both increasingly exposed to the risk of HIV infection and also suffer extensively from the social and economic impact of HIV infection/AIDS;

*Recognizing* that the deterioration of the economic situation in many countries adversely affects the health and social status of populations, and in particular, that of women and children;

*Recalling* the recent adoption of the Convention on the Rights of the Child, the resolutions of the United Nations General Assembly, the World Health Assembly, and the London Declaration of January 1988 on AIDS prevention and, in particular, the need to respect the human rights and dignity of people infected with HIV, their families and those with whom they live;

*Acknowledging* the leading role of the World Health Organization in the guidance and coordination of AIDS education, prevention, control and research and noting with appreciation the efforts of the World Health Organization/United Nations Development Programme Alliance, United Nations Population Fund, United Nations Children's Fund, United Nations Educational, Scientific and Cultural Organization and other intergovernmental organizations in contributing to the implementation of the Global AIDS Strategy;

*Emphasizing* the efforts of national AIDS programmes and the role of governments, nongovernmental and voluntary organizations, and the public and private sectors in implementing the Global AIDS Strategy at all levels;

*Considering* that the prevention and control of HIV/AIDS for women and children requires strengthening and improving the primary health care system, education, and other psychological and social support programmes for women, children and families;

*Therefore*, given the urgent need to promote and protect the health of women, children and families, we appeal to all governments, the United Nations system, within which the World Health Organization has the responsibility of directing and coordinating the global fight against AIDS, intergovernmental and nongovernmental organizations, the scientific community, health and social professionals and the public at large:

1. To assume leadership and to mobilize the necessary resources, both human and financial, to actively support the prevention and care of HIV infection/AIDS in women and children, particularly in those countries that are most affected and with the greatest economic need, and in conformity with the Global AIDS Strategy.

2. To enhance the role of and the social economic and legal status of women and children; to ensure full participation of women in AIDS programmes at all levels; and to respect the human rights and dignity of women and children, including those who are HIV-infected.
3. To further develop and implement innovative, multi-faceted health education programmes for prevention of HIV infection/AIDS. Information and education programmes for and by young people, including adolescents, should emphasize their responsibilities to prevent the spread of infection to themselves and in their role as future parents.
4. To emphasize the need to prevent stigmatization and discrimination against people with HIV infection/AIDS and those at risk, in all areas of life and for all services, including school.
5. To ensure adequate recognition of the problem of AIDS and HIV infection for all affected populations by developing and maintaining effective national epidemiological surveillance and case reporting systems.
6. To ensure that the HIV/AIDS prevention and control programmes be coordinated or integrated with all other programmes for women, children and families, particularly maternal and child health, family planning and sexually transmitted disease control programmes and to review and strengthen the policies and management of the health and other social services with due consideration to women's perspectives.
7. To ensure that HIV testing is offered to women and children as an integral but voluntary part of health programmes, including counselling and other psychosocial support, with due respect to confidentiality.
8. To promote safe motherhood for all women and ensure that HIV-infected women receive appropriate information and have access to health services, including family planning, counselling and other psychosocial support so that they can personally make informed decisions about childbearing.
9. To ensure that HIV/AIDS prevention and control programmes provide necessary support for families affected by HIV/AIDS by mobilizing health and social services to respond to emerging needs, including for families that suffer discrimination, that are not able to provide child care, or for those children who are abandoned or orphaned.
10. To emphasize availability of and access to necessary health care, including treatment, and to other social and support services for HIV-infected women and children, including recommended immunizations.
11. To continue to promote, develop and support programmes for breast-feeding as a basic component of a sound health and nutrition policy.
12. To ensure adequate and safe blood collection and transfusion services, including use of appropriate screening tests and indications for transfusion.
13. To recognize the close link between HIV infection/AIDS and drug abuse, which increases the risk of HIV transmission, and to assure availability of comprehensive health care, including drug abuse treatment and prevention programmes to minimize the risk of HIV infection of men, women and unborn children by this route.
14. To ensure that appropriate priorities and resources are devoted to research on HIV infection/AIDS in women, children and families, and develop joint research programmes, including programmes on prevention, diagnosis, treatment, medical care and the broader related issues affecting health and social conditions of women and children. The research should also focus on the alternative approaches to providing health and other social services for HIV affected women, children and families.
15. To recognize the crucial role of women in the Global AIDS Strategy and to accelerate the process of empowerment of women against AIDS.

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世界衛生大會 決議

فإن جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.11

Agenda item 32.1

16 May 1990

REDUCTION IN DEMAND FOR ILLICIT DRUGS

The Forty-third World Health Assembly,

Recalling previous resolutions of the World Health Assembly and in particular resolution WHA42.20 on prevention and control of drug and alcohol abuse;

Noting with satisfaction the WHO plan of action to reduce drug abuse formulated by the Director-General in response to resolution WHA39.26;

Recalling the Organization's continuing obligations under the international drug control conventions;

Deeply concerned at the scale of the international problem of illicit drugs production, trafficking and abuse and alarmed by the threat this poses to the health of the world population and to the political, economic and social fabric of States;

Recognizing that international cooperation is essential to combat drug abuse and illicit trafficking and, in that respect:

Noting that a United Nations Special Session on Drugs took place in February 1990 and adopted a Political Declaration and a Global Programme of Action on Drugs;

Noting also that the Special Session has proclaimed 1991-2000 to be the United Nations Decade against Drug Abuse, during which the Global Programme of Action will be implemented;

Welcoming the declaration of the World Ministerial Summit to Reduce Demand for Drugs and to Combat the Cocaine Threat, held in London in April 1990, and the emphasis given in it to health issues;

1. URGES Member States:

(1) to work toward the implementation of the measures in the United Nations Global Programme of Action and the London Declaration adopted by the World Ministerial Drugs Summit;

(2) to devote appropriate resources to the development of national programmes of action, paying particular attention to the reduction in demand for illicit drugs and to the promotion of effective treatment for drug-dependent persons, including:

(a) regular monitoring of trends in drug abuse with special attention to changes in patterns of use;

(b) the development of comprehensive programmes of prevention, utilizing the principles of health promotion and involving full community and NGO participation and intersectoral cooperation;

(c) facilitating access to drug treatment and rehabilitation programmes and strengthening the capacity of primary health care to respond to drug-related health problems;

(d) recognizing the relationship between health programmes dealing with drug abuse and those in related areas;

2. REQUESTS the Director-General:

(1) to intensify WHO's action to reduce drug abuse in line with the objectives identified by him in his statement to the World Ministerial Summit, namely:

(a) preventing the spread of drug abuse in individuals, families, communities, and countries;

(b) developing effective approaches to the treatment of drug dependence and associated diseases;

(c) collaborating in controlling the supply of licit psychoactive substances;

(2) to promote fundamental and operational research on drug abuse, bringing together relevant disciplines, including all branches of medicine, as well as social epidemiology and cultural anthropology;

(3) to encourage the development of national programmes of action on drug abuse consistent with the economic and health priorities of countries;

(4) to ensure a coherent approach between WHO's action to reduce drug abuse and its action in related areas such as alcohol abuse and the prevention of the spread of AIDS;

(5) to continue to draw attention to WHO's role in the reduction of demand for illicit drugs and to attract additional support for the programme;

(6) to continue to work closely with the Division of Narcotic Drugs, the International Narcotics Control Board and the United Nations Fund for Drug Abuse Control in Vienna, together with other regional and international bodies involved, to ensure the fullest possible coordination and compatibility of programmes and optimum use of available resources.

Thirteenth plenary meeting, 16 May 1990  
A43/VR/13

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قارر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.12

Agenda item 32.2

16 May 1990

HEALTH AND MEDICAL ASSISTANCE TO LEBANON

The Forty-third World Health Assembly,

Recalling previous resolutions of the Health Assembly on health and medical assistance to Lebanon, particularly resolution WHA42.22;

Taking note of United Nations General Assembly resolutions on international assistance for the reconstruction and development of Lebanon, calling on the specialized agencies, organs and other bodies of the United Nations to expand and intensify programmes of assistance within the framework of the needs of Lebanon, the latest being resolution 44/180 of 19 December 1989;

Having examined the Director-General's report<sup>1</sup> on the action taken by WHO, in cooperation with other international bodies for emergency health and medical assistance to Lebanon in 1989 and the first quarter of 1990;

Aware that the situation arising from the increase in the numbers of wounded, handicapped and displaced persons and the paralysis of economic activities requires urgent health and medical assistance;

Dismayed by the grave and accumulating damages that have been caused by the current hostilities to the life and health of the civilian population, including the ill, the children and the aged, and which is reflected in the destructions of hospitals and other health institutions and in the cut and severe shortages of necessary medical requirements;

Aware that the increased financial burden upon the State, coinciding with the alarming drop in budgetary revenue, requires assistance to the health services that are the responsibility of the State;

Noting the health and medical assistance provided by the Organization to Lebanon during 1989-1990;

1. EXPRESSES its appreciation to the Director-General for his continuous efforts to mobilize health and medical assistance to Lebanon;
2. EXPRESSES also its appreciation to all the international agencies, organs and bodies of the United Nations, and to all governmental and nongovernmental organizations, for their cooperation with WHO in this regard;

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<sup>1</sup> Document A43/16.

3. CONSIDERS that the growing health and medical problems in Lebanon, which have recently reached a critical level, constitute a source of great concern and necessitate thereby a continuation and substantial expansion of programmes of health and medical assistance to Lebanon;
4. APPEALS to all concerned to halt the fighting which brings death and injuries to human lives, dismantling and destructions to health and medical infrastructure;
5. REQUESTS the Director-General to continue and expand substantially the Organization's programmes of health, medical and relief assistance to Lebanon and to allocate for this purpose, as far as possible, funds from the regular budget and other financial resources;
6. CALLS UPON the specialized agencies, organs and bodies of the United Nations, and all governmental and nongovernmental organizations, to intensify their cooperation with WHO in this field, and in particular to put into operation the recommendations of the report on the reconstruction of the health services of Lebanon;
7. CALLS UPON Member States to increase their technical and financial support for relief operations and the reconstruction of the health services of Lebanon in consultation with the Ministry of Health in Lebanon;
8. CALLS UPON donors to direct their assistance in cash or in kind to the Ministry of Health, which has responsibility for the hospitals, dispensaries and public health services; or to the Trust Fund for Lebanon established by the Director-General on the request of the Government of Lebanon;
9. REQUESTS the Director-General to report to the Forty-fourth World Health Assembly on the implementation of this resolution.

Thirteenth plenary meeting, 16 May 1990  
A43/VR/13



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قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.13

Agenda item 32.3

16 May 1990

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN CYPRUS

The Forty-third World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47, WHA29.44, WHA30.26, WHA31.25, WHA32.18, WHA33.22, WHA34.20, WHA35.18, WHA36.22, WHA37.24, WHA38.25, WHA39.11, WHA40.22, WHA41.22, and WHA42.23;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General<sup>1</sup> on health assistance to refugees and displaced persons in Cyprus;
2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;
3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Forty-fourth World Health Assembly on such assistance.

Thirteenth plenary meeting, 16 May 1990  
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<sup>1</sup> Document A43/17.



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RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.14

Agenda item 32.4

16 May 1990

LIBERATION STRUGGLE IN SOUTHERN AFRICA: ASSISTANCE TO THE  
FRONT-LINE STATES, LESOTHO AND SWAZILAND

The Forty-third World Health Assembly,

Considering that the front-line States suffer directly or indirectly from the consequences of military, political and economic destabilization by South Africa which hamper their economic and social development;

Considering that the front-line States have to accept enormous sacrifices to rehabilitate and develop their health infrastructure which has suffered as a result of destabilization by South Africa;

Considering also resolutions AFR/RC31/R12 and AFR/RC32/R9 of the Regional Committee for Africa, which call for a special programme for health cooperation with the People's Republic of Angola;

Recalling resolutions WHA39.24, WHA40.23 and WHA41.23 adopted at the Thirty-ninth, Fortieth and Forty-first World Health Assemblies respectively;

Bearing in mind that the consequences of these destabilization activities still force the countries concerned to divert large amounts of financial and technical resources from their national health programmes to defence and reconstruction;

Noting that Namibia has now attained its independence;

1. THANKS the Director-General for his report;<sup>1</sup>

2. RESOLVES that WHO shall:

(1) continue to take appropriate and timely measures to help the front-line States, Lesotho and Swaziland solve the acute health problems of the South African and other refugees;

(2) continue to provide countries which have been targets of destabilization by South Africa with technical cooperation in the health field, for the rehabilitation of their damaged health infrastructures;

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<sup>1</sup> Document A43/18.



3. CALLS UPON the Member States, according to their capabilities, to continue to provide adequate health assistance to the African National Congress and the Pan African Congress of Azania and to the front-line States (Angola, Botswana, Mozambique, Namibia, United Republic of Tanzania, Zambia and Zimbabwe), Lesotho and Swaziland;

4. REQUESTS the Director-General:

(1) to intensify humanitarian assistance to the African National Congress and the Pan African Congress of Azania;

(2) to make use, when necessary, of funds from the Director-General's and Regional Director's Development Programme and to mobilize extrabudgetary resources to assist the countries concerned to overcome the problems arising both from the presence of the South African refugees and displaced persons and from destabilization activities, as well as for the rehabilitation of their damaged health infrastructures;

(3) to continue to provide support to Namibia in developing its health system;

(4) to report to the Forty-fourth World Health Assembly on the progress made in the implementation of this resolution.

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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.15

Agenda item 32.5

16 May 1990

RECONSTRUCTION AND DEVELOPMENT OF THE HEALTH SECTOR IN NAMIBIA

The Forty-third World Health Assembly,

Welcoming the independence of Namibia;

Recalling previous resolutions of the Health Assembly on assistance to Namibia, particularly resolution WHA42.18;

Appreciating the positive role played by WHO through its Director-General in offering health assistance to Namibia in previous years;

Recognizing that the people and Government of Namibia will have to make vigorous efforts to develop an appropriate and adequate health care system to ensure health for all Namibians;

Bearing in mind the serious negative effects of the South African colonial occupation of Namibia on all its inhabitants which will take time to correct;

Taking into account the pressing need to reconstruct the damaged and neglected health infrastructure and to establish new health centres, clinics and health posts to accelerate the implementation of primary health care programmes;

Emphasizing the urgent need to mobilize international support for this endeavour, and the importance of the role of WHO in this regard;

1. CONGRATULATES the people of Namibia on their independence;
2. WELCOMES the admission of Namibia to WHO;
3. THANKS the Director-General for all the assistance already offered to Namibia in the past;
4. REQUESTS the Director-General to provide intensified technical cooperation and the necessary assistance; to deliver programmes of health assistance to Namibia, taking into consideration the requirements identified by the Government of Namibia; and to report to the Forty-fourth World Health Assembly on the action taken;
5. CALLS UPON Member States, donors, United Nations specialized agencies, intergovernmental and nongovernmental agencies and organizations to provide the necessary moral, material and financial support and cooperation for this endeavour.

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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.16

Agenda item 10

17 May 1990

TOBACCO OR HEALTH

The Forty-third World Health Assembly,

Recalling the strong statements on the issue of smoking and health made by the President in opening the Forty-third World Health Assembly;

Recalling resolutions WHA33.35, WHA39.14, WHA41.25 and WHA42.19 on the health hazards of tobacco smoking and the WHO action programme on smoking and health;

Recalling the requirement contained in resolution WHA42.19 concerning a review of crop substitution and the health and economic aspects of tobacco production and consumption;

Recalling further that resolution WHA39.14 urged Member States to implement a comprehensive nine-point smoking control strategy;

Encouraged by:

- (a) the significant progress made in many Member States in the implementation of this strategy;
- (b) the continuing decline in tobacco consumption in Member States that have adopted comprehensive smoking control policies;
- (c) recent information demonstrating the effectiveness of tobacco control strategies, and in particular:
  - legislation or other measures to provide protection from involuntary exposure to tobacco smoke in workplaces, public places and public transportation;
  - policies to achieve progressive increases in the real price of tobacco;
  - comprehensive legislative bans and other restrictive measures to effectively control the direct and the indirect advertising, promotion and sponsorship of tobacco;

Deeply concerned by increasing evidence of the dangers to health of passive smoking and by a new WHO estimate that, unless current smoking rates decrease, there will be 3 million tobacco-related deaths per year during the 1990s, and that this figure will rise quickly to 10 million deaths per year by the 2020s;

Believing that millions of future premature deaths can be avoided if current smoking rates are quickly and substantially reduced;

1. URGES all Member States:

(1) to implement multisectoral comprehensive tobacco control strategies which, at a minimum, contain the nine elements outlined in resolution WHA39.14;

(2) to consider including in their tobacco control strategies plans for legislation or other effective measures at the appropriate government level providing for:

(a) effective protection from involuntary exposure to tobacco smoke in indoor workplaces, enclosed public places and public transport, with special attention to risk groups such as pregnant women and children;

(b) progressive financial measures aimed at discouraging the use of tobacco;

(c) progressive restrictions and concerted actions to eliminate eventually all direct and indirect advertising, promotion and sponsorship concerning tobacco;

2. NOTES that in countries where more than one level of government exists, national jurisdiction may not have complete carriage of these issues;

3. REQUESTS the Director-General:

(1) to intensify his support for the 1988-1995 plan of action for the WHO programme on tobacco or health;

(2) to ensure the provision of sufficient budgetary resources to assist Member States in implementing comprehensive tobacco control programmes;

(3) to ensure that the report requested in resolution WHA42.19 is presented to the Forty-fourth World Health Assembly;

(4) to monitor and report biennially to the Health Assembly on the progress and effectiveness of Member States' comprehensive tobacco control programmes;

(5) to report to the Forty-fourth World Health Assembly on the progress made in assistance to countries that depend on tobacco production as a major source for financial resources for health and development with emphasis on measurement of efficacy of such assistance.

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A43/VR/14

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فازر جمعية الصحة العالمية

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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.17

Agenda item 18

17 May 1990

STRENGTHENING TECHNICAL AND ECONOMIC SUPPORT TO COUNTRIES FACING SERIOUS  
ECONOMIC CONSTRAINTS

The Forty-third World Health Assembly,

Noting the report of the Director-General on strengthening technical and economic support to countries facing serious economic constraints - intensified collaboration with countries;

Aware of the effects of the structural adjustment programmes of these countries on their social sectors, particularly health;

Recalling resolutions WHA42.3 and WHA42.4;

Conscious of the need to support the efforts of these countries to attain the objectives of the Global Strategy for Health for All by the Year 2000, as adopted by WHO, and to adapt the structures of their health systems to that end in a manner consistent with the social, cultural and economic context of the country;

Emphasizing that financing of the health sector should be considered as an investment in the future productive potential of countries, and that national and international resources should be used optimally for maximum impact on the health of populations;

1. URGES Member States that have not done so:

- (1) to appraise their health structures - both governmental and nongovernmental - and the way they are financed, and to identify realistic options for the most efficient and equitable deployment of available resources within the context of national development priorities;
- (2) to develop their capabilities to analyse the linkages between the various sectors related to health, and their influence on the health sector, so as to be able to recommend appropriate strategies in the face of rapid changes;
- (3) to strengthen their capabilities to analyse, plan and implement structural adjustments in the health sector, where necessary, bearing in mind the availability of internal and external resources and taking into account national priorities;
- (4) to strengthen appropriate training activities in order to increase the national capabilities mentioned above;

2. CALLS ON the international community:

- (1) to intensify support to countries and people in greatest need;
- (2) to support, using all means available, countries' efforts to achieve sustainable development of their national health systems based on primary health care in the context of their overall national economic adjustment policies;

3. REQUESTS the Director-General:

- (1) to support Member States in strengthening and further developing their health systems, and in identifying new resources and approaches;
- (2) to ensure that WHO takes the lead, particularly within the United Nations system, in the coordination of cooperative activities in the field of health, as defined in the WHO Constitution, with all countries, but particularly with countries and population groups in greatest need;
- (3) to develop within WHO, using the available resources, a capacity to monitor the effects of external economic conditions and of national structural adjustment programmes on the health sector at country level, with a view to assisting these countries to overcome any adverse consequences of external economic conditions and adjustment;
- (4) to pursue methods of sensitizing the international community to the possibility of achieving agreement on health and economic priorities, using all possible approaches, including the involvement of leaders at the highest political level;
- (5) to mobilize commitment and extrabudgetary support for these purposes;
- (6) to determine effective ways and the appropriate frequency of reporting on the state of the world's health and the progress achieved in implementing this resolution.

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A43/VR/14

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فرا رجمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.18

Agenda item 20

17 May 1990

TROPICAL DISEASE RESEARCH

The Forty-third World Health Assembly,

Recalling resolutions WHA30.42, EB71.R10 and EB77.R4;

Noting the report of the Director-General on the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;

Appreciating the accomplishments of the Special Programme to date in the development and testing of a number of important new disease control tools, many of which are already in operational use, as well as the innovative and pioneering approaches taken in strengthening research capability in developing countries where tropical diseases are endemic;

Recognizing, however, that the target diseases of the Special Programme (malaria, schistosomiasis, filariasis (including onchocerciasis), African trypanosomiasis, Chagas disease, leishmaniasis and leprosy) continue to be major public health problems in many tropical countries, especially in the least developed countries, not only in rural areas but also, increasingly, in urban areas;

Aware that in some of these countries, notwithstanding the efforts that have been made, tropical diseases and especially malaria have continued to escalate, to the extent that malaria is once again one of the leading causes of morbidity;

Aware that during the next decade further challenges need to be addressed with respect to:

- (a) translating current advances in basic biomedical research into practical disease control tools, such as recombinant and synthetic vaccines;
- (b) increasing the commitment of the pharmaceutical industry to the development of new drugs and vaccines for tropical diseases;
- (c) identifying strategies for preventing the most serious consequences of these diseases, such as childhood mortality from malaria;
- (d) promoting applied research in economics and social sciences to identify the most cost-effective methods of utilizing new tools;
- (e) strengthening field and operational research in the least developed countries in a sustainable manner;

1. ENDORSES the thrusts and priorities of the Special Programme as adopted by the Joint Coordinating Board, which focus on: intensified strategies for the development of products in selected areas, such as new drugs for malaria, vaccines for leishmaniasis, malaria and schistosomiasis, and a macrofilaricide for filariasis; the implementation of new vector control methods for Chagas disease; operational research aimed at optimizing multidrug therapy for leprosy; and the use of specific projects and research results as a basis for research capability strengthening;
2. THANKS the international community, multilateral and bilateral agencies, nongovernmental organizations, foundations and companies for their support to the Special Programme, and in particular UNDP and the World Bank, the co-sponsors of the Programme, and the research institutions and scientists throughout the world who contribute their talents and skills for the achievement of the Programme's objectives;
3. APPEALS to the pharmaceutical industry to increase research and development in tropical diseases and to intensify its collaboration with the Special Programme in the development of new and more effective tropical disease control tools and in ensuring that these tools are accessible and affordable for the populations affected;
4. REQUESTS multilateral and bilateral agencies to place greater emphasis on the provision of assistance both for research and for control of tropical diseases in endemic countries;
5. ENCOURAGES biomedical and social science research institutions to devote greater attention to tropical diseases and to establish appropriate links among themselves and with tropical disease control programmes in endemic countries;
6. WELCOMES the Director-General's decision to integrate WHO's various programmes for the control of tropical diseases;
7. URGES those Member States in which tropical diseases are endemic to intensify their efforts to control them by making full use of newly-developed technology and developing targeted national control strategies, especially for the diseases for which affordable and effective tools are now available;
8. REQUESTS the Director-General to ensure the continuation of the Special Programme's global leadership role in tropical disease research by:
  - (1) strengthening collaborative efforts in academic and industrial research and in disease control activities;
  - (2) fostering further the commitment of endemic countries to research;
  - (3) mobilizing additional contributions to the Special Programme, in collaboration with UNDP and the World Bank, the co-sponsoring agencies, to enable the Programme to achieve its objectives more rapidly.

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世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.19

Agenda item 20

17 May 1990

THE ROLE OF HEALTH RESEARCH

The Forty-third World Health Assembly,

Noting the conclusions of the Technical Discussions on the role of health research in the strategy for health for all by the year 2000, in particular the recommendations dealing with health systems research, nutrition research, research capability strengthening and recent advances in biological and physical sciences and their implications for health care;

Noting that all national health policies should be based on valid scientific evidence, and that such evidence requires health research;

Recognizing the significant potential of research in promoting health and its vital role in improving health through the application of solutions that are already available and the generation of knowledge for the development of new solutions;

Noting the worldwide mismatch between the burden of illness, which is overwhelmingly in the Third World, and investment in health research which is largely focused on the health problems of industrialized countries, and the fact that many developing countries lack the scientific and institutional capability to address their particular problems, especially in the critical fields of epidemiology, health policy, social sciences, nursing and management research;

1. CALLS ON all Member States to undertake essential health research appropriate to national needs in order to:

- (1) identify and understand their own priority health problems;
- (2) improve the use of limited resources;
- (3) improve health policy and management;
- (4) foster innovation and experimentation;
- (5) contribute to new knowledge;

2. URGES Member States, particularly developing countries:

- (1) to define national health research policies, and strategies for their implementation;

(2) to build and strengthen national research capabilities by investing resources in national institutions, by providing appropriate career opportunities, to attract and retain the involvement of their own scientists, and by creating environments that will foster scholarship and creativity;

(3) to create, or strengthen, mechanisms that enable consideration of research results at the policy-making level, as well as their translation into health systems operation;

(4) to collaborate with other countries through international partnerships in developing research and training capabilities, particularly in relation to their high priority health and organizational problems, thereby also contributing to national development efforts;

3. URGES bilateral and multilateral development agencies, nongovernmental organizations, foundations and appropriate regional organizations:

(1) to increase their support for essential health research, and research capability building;

(2) to support and strengthen, in the health and related science and technology sectors, national coordinating mechanisms to promote research, policy-making, planning and management;

(3) to support the development of international partnerships to strengthen national scientific and research infrastructures and countries' capabilities to absorb technology and solve problems;

4. INVITES the research community:

(1) to increase its commitment towards the development of essential health research appropriate to national needs and its participation in research on global health problems;

(2) to intensify its efforts in communicating research findings and in developing technology to support decision-making and resource allocation processes;

(3) to mobilize its human and material resources with a view to strengthening international scientific networks oriented to health development;

5. REQUESTS the Director-General:

(1) to ensure the wide distribution of the report of the Technical Discussions on the role of health research in the strategy for health for all by the year 2000 among ministries of health and other relevant ministries, universities, research centres and institutions dealing with science and technology;

(2) to use appropriate mechanisms, in close collaboration with the global and regional Advisory Committees on Health Research, to: (a) assess new and emerging areas of science and technology; (b) investigate evolving problems of critical significance to health; (c) identify appropriate methodologies for trend assessment and forecasting, including epidemiology to improve health;

(3) to develop further a clearly enunciated health research strategy for WHO in order to translate the research goals, priorities and programmes into coherent and coordinated action in support of health for all;

(4) to promote the harmonization of science and research policies in health between WHO, the United Nations system and other international agencies and organizations;

(5) to develop more effective institutional arrangements for strengthening the research capabilities of Member States, with special emphasis on disciplines of critical relevance to public health;

(6) to explore the possibility of making specific provision within WHO's total resources to support the strengthening of health-related research capabilities in Member States;

(7) to report through the Executive Board to the Forty-fifth World Health Assembly on progress made in implementing this resolution.

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WHA43.20

Agenda item 23

17 May 1990

ACTION PROGRAMME ON ESSENTIAL DRUGS

The Forty-third World Health Assembly,

Reaffirming resolutions WHA37.32, WHA37.33, WHA39.27, WHA41.16, WHA41.17 and WHA41.18;

Having reviewed the Director-General's progress report on the WHO Action Programme on Essential Drugs;

Noting the growing recognition, in particular by the national authorities concerned, of the concept of essential drugs as a means of encouraging the rational use of drugs, facilitating access to essential drugs for all, and improving health care while containing health cost;

Recognizing with satisfaction the increasing awareness of all parties concerned of their responsibilities, as mentioned in resolution WHA39.27, in the implementation of the Revised Drug Strategy;

Recognizing with satisfaction that essential drug lists for the different levels of health services exist in more than 100 countries, and about 50 countries have formulated or are formulating national drug policies, taking into account the essential drugs concept;

Further recognizing the role of the WHO Action Programme on Essential Drugs, assisting in the development and implementation by Member States of their drug policies, in the supply of essential drugs of good quality at the lowest possible cost, and in the development of training in the rational use of drugs;

Stressing to all parties concerned the importance of the integration of drug policies into primary health care and the other components of health care systems, as appropriate to the needs identified by Member States, as well as the importance of interaction between the Action Programme and other WHO programmes, and between WHO and other agencies concerned;

Acknowledging the activities of the Executive Board's Committee on Drug Policies and those of the Action Programme's Management Advisory Committee;

1. ENCOURAGES all parties concerned to promote the implementation of the Revised Drug Strategy;
2. REAFFIRMS the need for the WHO Action Programme on Essential Drugs to strengthen its activities, in conformity with the Revised Drug Strategy;

3. URGES Member States:

- (1) to support or to continue to support, the WHO Action Programme on Essential Drugs;
- (2) to cooperate in the exchange of information and experience concerning the formulation and implementation by Member States of their drug policies and essential drug programmes as part of their health care strategies, particularly as regards primary health care;

4. INVITES bilateral agencies, multilateral agencies inside and outside the United Nations system, and voluntary organizations, to support developing countries in setting up and carrying out programmes aimed at ensuring the rational use of drugs, particularly essential drugs programmes, and thanks those already doing so;

5. REQUESTS the Director-General:

- (1) to strengthen his support for the promotion of the essential drugs concept as part of the Revised Drug Strategy;
- (2) to ensure that adequate human and financial resources are provided for the WHO Action Programme on Essential Drugs, and to seek extrabudgetary funds to supplement those in the regular budget;
- (3) to report to the Executive Board and the Forty-fifth World Health Assembly on the use of the ethical criteria for drug promotion endorsed by resolution WHA41.17, and on progress made and problems encountered in implementing the Revised Drug Strategy, the report to cover drug supply, prescribing practices, development of human resources, training of relevant health personnel on the rational use of drugs, quality assurance and drug information.

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WHA43.21

Agenda item 25.3

17 May 1990

MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS TO AN  
EXTENT WHICH WOULD JUSTIFY INVOKING ARTICLE 7 OF THE CONSTITUTION

The Forty-third World Health Assembly,

Recalling that, pursuant to operative paragraph 6(1) of resolution WHA41.20, the voting rights of Comoros, Dominican Republic and Sierra Leone were, as from the opening of the Forty-second World Health Assembly, suspended in accordance with Article 7 of the Constitution;

Noting that at subsequent Health Assemblies, the voting privileges of Members in similar situations have not been suspended;

1. DECIDES to restore, in accordance with Article 7 of the Constitution, the voting privileges of Comoros, Dominican Republic and Sierra Leone, with immediate effect;
2. INVITES the countries in arrears in the payment of their contributions to pay all or part of them before the start of the Forty-fourth World Health Assembly.

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FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.22

Supplementary agenda item 1

17 May 1990

ASSESSMENT OF NAMIBIA

The Forty-third World Health Assembly,

Noting that Namibia, previously an Associate Member of the World Health Organization and a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 23 April 1990;

Noting that the United Nations General Assembly has not yet established the assessment of Namibia but that the United Nations Secretariat proposes provisionally to assess Namibia at the rate of 0.01%;

Recalling the principle established in resolution WHA8.5, and confirmed in resolution WHA24.12, that the latest available United Nations scale of assessments should be used as a basis for determining the scale of assessments to be used by WHO;

Recalling further that the Twenty-sixth World Health Assembly, in resolution WHA26.21, affirmed its belief that the scale of assessments in WHO should follow as closely as possible that of the United Nations;

DECIDES:

(1) that Namibia shall be assessed at the provisional rate of 0.01% for 1990-1991 and future financial periods until such time as a definitive assessment rate is established by the Health Assembly based upon the United Nations rate that is finally established by the United Nations General Assembly;

(2) that the portion of the 1990-1991 assessment which relates to the year 1990 shall be reduced to one-third of 0.01%, the remaining portion being financed by appropriation from casual income in accordance with resolution WHA30.29.

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WHA43.23

Supplementary agenda item 2

17 May 1990

AMENDMENT TO THE STATUTE OF THE  
INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

The Forty-third World Health Assembly,

Considering the amendment to paragraph 1 of Article VI of the Statute of the International Agency for Research on Cancer, adopted by the Governing Council at its thirty-first session;

Considering the provisions of Article X of the Statute of the Agency;

ACCEPTS the following amendment to the Statute of the Agency:

Article VI

1. The Scientific Council shall be composed of a maximum of twenty highly qualified scientists, selected on the basis of their technical competence in cancer research and allied fields.

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WHA43.24

Agenda item 21

17 May 1990

REPORT OF THE INTERNATIONAL CONFERENCE FOR THE TENTH REVISION  
OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

The Forty-third World Health Assembly,

Having considered the report of the International Conference for the Tenth Revision of the International Classification of Diseases;

1. ADOPTS the following, recommended by the Conference:

(1) the detailed list of three-character categories and optional four-character subcategories with the Short Tabulation Lists for Mortality and Morbidity, constituting the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems, to come into effect on 1 January 1993;

(2) the definitions, standards and reporting requirements related to maternal, fetal, perinatal, neonatal and infant mortality;

(3) the rules and instructions for underlying cause coding for mortality and main condition coding for morbidity;

2. REQUESTS the Director-General to issue the Manual of the International Statistical Classification of Diseases and Related Health Problems;

3. ENDORSES the recommendations of the Conference concerning:

(1) the concept and implementation of the family of disease and health-related classifications, with the International Statistical Classification of Diseases and Related Health Problems as the core classification surrounded by a number of related and supplementary classifications and the International Nomenclature of Diseases;

(2) the establishment of an updating process within the ten-year revision cycle.

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WHA43.25

Agenda item 22

17 May 1990

HAZARDOUS WASTES MANAGEMENT

The Forty-third World Health Assembly,

Having examined the report of the Director-General on hazardous wastes: safe disposal and control of health risks;<sup>1</sup>

Aware of the resolution of the Regional Committee for the Eastern Mediterranean on hazardous wastes: control of health risks and safe disposal, and of that of the Regional Committee for Africa on the control and disposal of toxic and nuclear wastes for health protection in Africa;

Aware that the unsafe handling and disposal of hazardous wastes may cause serious contamination of the environment, with potential serious health consequences;

Concerned that, especially in developing countries, national capabilities for proper management of hazardous wastes are constrained by insufficient scientific expertise, human resources and appropriate regulations;

Noting the steps which have been taken to control the transboundary movement of hazardous wastes through the adoption of the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, and through the Code of Practice for International Transboundary Movement of Radioactive Waste which is being developed by IAEA;

1. COMMENDS the Director-General for establishing the WHO Commission on Health and Environment, which will examine, inter alia, the subject of hazardous wastes and their potential effects on human health;
2. THANKS the Director-General for his report, and takes note of the recommendations contained therein;
3. URGES Member States:
  - (1) to establish to strengthen programmes for environmentally sound management of hazardous wastes in accordance with health-based standards;
  - (2) to extend health surveillance systems, including epidemiological studies, to identify adverse effects on populations of exposure (actual or potential) to hazardous substances and to encourage the international exchange of experts in this area;

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<sup>1</sup> Document A43/9.

- (3) to promote the minimization of waste as the most effective means of reducing the environmental and health impact of hazardous substances;
  - (4) to accede to and ratify, as soon as possible, the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal;
4. INVITES bilateral, multilateral and international agencies to support Member States in establishing infrastructure and programmes for safe management of hazardous wastes;
5. REQUESTS the Director-General:
- (1) to ensure that WHO can collaborate with Member States in developing and carrying out their programmes on hazardous wastes management and, in particular, in:
    - (a) assessing the health risks many of which are still unknown at present resulting from exposure to hazardous wastes;
    - (b) identifying their priorities for controlling the various categories of chemical and infectious wastes, utilizing the internationally established definitions and priority listings;
    - (c) identifying relevant and improved technologies for the handling and disposal of hazardous wastes;
  - (2) to develop improved health-based criteria upon which regulations and standards can be established, and to contribute to the preparation of practical technical guidelines for safe handling and disposal of hazardous wastes;
  - (3) to facilitate the dissemination of technical and scientific information dealing with various health aspects of hazardous wastes, and to promote its application;
  - (4) to collaborate with the United Nations Environment Programme and other relevant international organizations in addressing intercountry aspects of hazardous wastes and their disposal to ensure that health concerns are taken into account.

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WHA43.26

Agenda item 31

17 May 1990

HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED  
ARAB TERRITORIES, INCLUDING PALESTINE

The Forty-third World Health Assembly,

Mindful of the basic principle established in the WHO Constitution, which affirms that the health of all people is fundamental to the attainment of peace and security;

Seriously concerned by violations of human rights in the occupied Arab territories, and recalling the need for the occupying power to observe strictly its obligations under the Fourth Geneva Convention to which it has notably not conformed in such basic areas as health;

Aware of its responsibility for ensuring proper health conditions for all people who are victims of exceptional situations, including settlements which are contrary to the Fourth Geneva Convention of 1949;

Recognizing the need for increased support to, aid for and solidarity with the Palestinian people, as well as the Syrian Arab people in the Golan, under Israeli occupation;

Expressing its deep concern at the negative effects of the practices of the Israeli occupation authorities against the Palestinian people during the Intifada in the field of health;

Thanking the Special Committee of Experts set up to study the health conditions of the inhabitants of the occupied Arab territories for its report and regretting the refusal of the Israeli authorities to allow the experts to visit the occupied Arab territories;

Taking note of the relevant information provided, and having considered the report of the Director-General on health conditions of the population in the occupied Arab territories;<sup>1</sup>

1. ASSERTS WHO's responsibility to promote for the Palestinian people in the occupied Arab territories the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being;

2. EXPRESSES its preoccupation and concern at the deterioration in the health conditions of the Arab population in occupied Arab territories;

<sup>1</sup> Document A43/23.

3. STRESSES that the policies of the Israeli authorities in the occupied Arab territories are not consistent with the main requirements for the development of a health system appropriate to the needs of the population in the occupied Arab territories;
4. DEPLORES the continuous deterioration of the situation in the occupied Arab territories which seriously affects the living conditions of the people, compromises in a lasting fashion the future of Palestinian society and prevents the economic and social development of those territories;
5. EXPRESSES its deep concern at the Israeli refusal to permit the Special Committee of Experts to visit the occupied Arab territories, and asks Israel to allow the Committee to fulfil its mission of investigating the health conditions of the populations in those territories;
6. THANKS the Special Committee of Experts for its report and requests it to continue its mission and report on the health conditions of the Arab population in the occupied Arab territories to the Forty-fourth World Health Assembly;
7. RECALLS resolution WHA42.14 and commends the Organization's efforts to prepare and implement the special technical assistance to improve the health conditions of the Palestinian people in the occupied Arab territories;
8. REQUESTS the Director-General, in the light of relevant World Health Assembly resolutions:
  - (1) to intensify implementation of the special technical assistance programme, emphasizing the primary health care approach in coordination with all Member States, and all other organizations involved in the health and humanitarian activities;
  - (2) to coordinate health activities, in particular in priority areas, such as maternal and child health, an expanded programme on immunization, water supply and sanitation, and other specific activities to be determined according to needs;
  - (3) to monitor and evaluate the health conditions of the Arab people in the occupied Arab territories;
  - (4) to pursue the implementation of special technical assistance to improve the health conditions of the Palestinian people in the occupied Arab territories, in cooperation with all concerned WHO Members and observers referred to in WHA resolutions related to this item, taking into consideration a comprehensive health plan for the Palestinian people;
  - (5) to seek funds from extrabudgetary sources in support of the special technical assistance programme;
  - (6) to report on the above to the Forty-fourth World Health Assembly;
9. CALLS ON all Member States and intergovernmental and nongovernmental organizations to contribute to the special assistance programme to improve the health conditions of the Palestinian people in the occupied Arab territories.